

BECOME A LIVING LIBRARY A.L.L ECO-ART INTERN

June, July 2013

HELP TRANSFORM YOUR COMMUNITY, MAKE IT MORE BEAUTIFUL & HEALTHY, WHILE LEARNING, EARNING MONEY, AND HAVING FUN !

Parent Signature Form

The child under my care, _____, (print student's first & last name) has my permission to work with Life Frames, Inc and San Miguel Child Development Center this summer in the Living Library Gardens and with the native trees and artworks as part of the Streetscape Transformation.

I understand that my son or daughter, or the child under my care:

- will be helping younger students from San Miguel Child Development Center to learn about/work with the plants and the landscape.
- may come home with dirty clothes and shoes from working in the garden soil
- will be working with the Living Library project each Tuesday, Wednesday, & Friday afternoons from 1:00 - 5:30 PM beginning June 4, 2013 through July 31, 2013.
- may be videotaped and/or photographed through participation in Life Frames, Inc. & A Living Library's Garden/Ecology/Arts/Nutrition activities for the purposes of documenting the students' good & important work with A Living Library programs in print publications, exhibitions, website and/or television through video, photo and digital camera, or recorded voice, and
- will receive a monetary stipend at the end of each month based on the quality of his / her participation and attendance in the program.
- *Modest Monetary Stipend to be given at end of each month:* \$75 based on attendance & quality of participation

I have read this and want to participate:

Student's Printed Name _____

Student's Signature _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Address _____

Print Full Address & Zip Code

Phone Numbers: Home _____

Work _____

Your Child's Date of Birth _____

Gender of Child _____

Ethnicity of Child _____

Languages Spoken at Home _____

Are you also interested in working with gardens? Yes _____ No _____

For more information: call 415.206.9710 or visit www.alivinglibrary.org/blog

A LIVING LIBRARY YOUTH GARDENING INTERNSHIP PROGRAM

(Summer 2013)

AGREEMENT AND LIABILITY RELEASE FORM

I _____, HEREBY ACKNOWLEDGE that I am voluntarily
(Print Your Full Name Here)
participating in the *Living Library Youth Gardening After-School or Summer Program* provided by *Life Frames, Inc.*, a California non-profit corporation.

I HOLD HARMLESS LIFE FRAMES, INC., SHOULD ANY ACCIDENT OCCUR DURING ANY PART OF THE PROGRAM RESULTING IN PERSONAL INJURY OR PROPERTY DAMAGE TO ME, OR MY FAMILY MEMBERS, IF THEY ARE ALSO PARTICIPATING.

I understand that we will be working with diverse tools, equipment, and materials and that there might be a risk of injury from unforeseen circumstances. I understand that the garden sites and surrounding areas cannot be assured to be free of defects. I also understand that in addition to the above-mentioned risks, there may be unpredictable events that might be involved in this activity.

I also certify that I am physically and mentally fit for participation in these activities and have not been advised otherwise by a qualified medical person.

I consent to receive emergency medical treatment, which may be deemed advisable in the event of injury, accident and/or illness while participating in this program.

I FULLY UNDERSTAND THE ABOVE AND HEREBY HOLD HARMLESS LIFE FRAMES, INC., AND AGREE TO ACCEPT ANY AND ALL RISKS - INCLUDING PERSONAL INJURY, LIABILITY, OR PROPERTY DAMAGE.

I agree, to the best of my ability, to participate in this program in a safe and courteous manner.

Youth Intern Initial Here: _____

Parent or Guardian Initial Here: _____

This Release is intended to discharge in advance, Life Frames, Inc., or any designated representatives or respective agents of those mentioned above, from and against any and all liability arising out of, or connected in any way with my participation in this project

Furthermore, I hereby agree that I, my heirs and assigns will not make claim against, sue, attach the property of, or prosecute Life Frames, Inc., or any other designated representative or respective agent of those mentioned above, for injury or damage resulting from active or passive negligence, carelessness or other acts, which might result from my participation in this program.

Youth Intern Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Address _____

Phone Number _____

Any Medical Concerns ? _____

Emergency Contact: Name: _____ Phone: _____